

Ventilation Log

Instructions:

- ☐ Make one copy of this Log for each ventilation unit in your school.
- ☐ Perform the activities in the Ventilation Checklist for each ventilation unit and use this Log to record results.
- ☐ A "No" response requires further attention.

Name _____

Room or Area _____

School _____

Date Completed _____

Signature _____

ACTIVITY	NEEDS ATTENTION IF "NO"	OK (DATE)	ACTIVITY	NEEDS ATTENTION IF "NO"	OK (DATE)
1. Outdoor air intake not obstructed	<input type="checkbox"/> Yes <input type="checkbox"/> No		15. Economizer set per specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Outdoor air intake clear of nearby pollutant sources	<input type="checkbox"/> Yes <input type="checkbox"/> No		16. Fans supplying outdoor air operate continuously during occupied periods	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Outdoor air moving into intake	<input type="checkbox"/> Yes <input type="checkbox"/> No		17. Air distribution functioning per design	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Filters in good condition, properly installed, and no major air leaks.	<input type="checkbox"/> Yes <input type="checkbox"/> No		18. Air flow direction (relative pressures) okay	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Drain pan clean and no standing water	<input type="checkbox"/> Yes <input type="checkbox"/> No		19. Exhaust fan(s) operating	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Heating and cooling coil(s) clean	<input type="checkbox"/> Yes <input type="checkbox"/> No		20. Local exhaust fan(s) remove enough air to eliminate odors and chemical fumes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Interior of air handling unit and ductwork clean	<input type="checkbox"/> Yes <input type="checkbox"/> No		21. Exhaust ductwork sealed and in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Mechanical room free of trash and chemicals	<input type="checkbox"/> Yes <input type="checkbox"/> No		22. Measure quantity of outdoor air a. outdoor air supply _____ CFM b. number of occupants served by this unit _____ c. CFM/occupants (a÷b) _____ Meets original design specs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Controls information on hand	<input type="checkbox"/> Yes <input type="checkbox"/> No		23. Compare measured CFM/person (c. above) to Table 1		
10. Clocks, timers, and switches set properly	<input type="checkbox"/> Yes <input type="checkbox"/> No		• Recommendation in Table 1 for this type of area _____		
11. Pneumatic controls okay	<input type="checkbox"/> Yes <input type="checkbox"/> No		• Meets recommendation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Outdoor air damper operating properly	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13. Freeze-stat reset	<input type="checkbox"/> Yes <input type="checkbox"/> No				
14. Mixed air thermostat set properly	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Activity Number	Notes and Comments